Annual Report

1984-85

Saskatchewan Health

Community Services
Swift Current Region

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MESSAGE FROM THE CHAIRMAN OF THE BOARD

As Chairman of the Board of Health Region No. 1, I am pleased to have this opportunity to submit a brief statement in Community Health Services Annual Report.

The Regional Board and Community Health Services Department sponsored a Non-Smoking Contest in January with prizes of $25, $10 and $5 to be awarded to students in grades, 5, 6 and 7 for composing either a radio spot announcement or jingle in sixty words or less and prizes to be given to each school submitting entries.

A total of sixty-three schools throughout the Region were eligible, however, only ten schools took part in the contest. The response to this contest, in the Board's opinion was very very poor. Prize money for the contest was taken from dental surplus funds.

Further to my report last year regarding the role of Health Region Boards and District Health Councillors, a proposed educational seminar has been suggested for the fall of 1985. It is my sincere wish that all districts have 100% representation at this very important seminar.

Recommendations have been referred to the Internal Legislative Review Committee and the initiation of these recommendations will bring about changes in the role and function of Boards and Municipal Health Representatives.

On behalf of the Regional Board I would like to thank Community Health Services personnel in providing a high quality of health services to residents of this Region.

Respectfully submitted

J. J. Kurtz

MEMBERS OF THE REGIONAL BOARD OF HEALTH

Mr. J. Kurtz ..... Chairman
Mr. M. Hinds ..... Vice Chairman
Mrs. W. Popein ..... Executive Director

City

Mr. M. Hinds ..... Swift Current
366 - 5th Avenue South East,
Swift Current

Villages

Mr. G. Shuttleworth .... Bracken
Bracken

Mr. E. Howes ..... Sceptre
Sceptre

Mr. J. Barber ... Stewart Valley
Stewart Valley

Mr. M.S. Robertson ..... Success
Success

Mr. J. Kimber ..... Tompkins
Tompkins

Mr. R. Iles ..... Webb
Webb

Rural Municipalities

Mr. D. Girard ..... White Valley No. 49
Eastend

Mr. W.T. Manley ..... Reno No. 51
Consul

Mr. A. Lockhart ..... Big Stick No. 141
Box 363, Maple Creek

Mr. T.A. Frisz ..... Enterprise No. 142
15 Craven Place S.E., Medicine Hat

Mr. J.J. Kurtz ..... Happyland No. 231
Box 40, Mendham

DISTRICT HEALTH COUNCILLORS

LEADER DISTRICT

Towns

Burstall - Mr. A. Jassman,
Burstall

Cabri - Mrs. R. Kirkpatrick,
Cabri

Leader - Mr. M. Clary,
Leader

Villages

Abbey - Mr. W. R. Brawn,
Abbey

Fox Valley - Mr. J. Koch,
Fox Valley

Hazlet -

Lancer - Mr. L. Jorgenson
Lancer

Mendham - Mr. S. Stroh
Mendham

Prelate - Mr. J. Moldenhauer,
Prelate

Richmound - Mr. L. Franz,
Richmound

Sceptre - Mr. E. Howes,
Sceptre

Shackleton - Mr. S. Morrey,
Shackleton

Rural Municipalities

Enterprise No. 142 - Mr. H. Flaig,
Golden Prairie

Pittville No. 169 -

Fox Valley No. 171 - Mr. R. Hellman,
Richmound

Rural Municipalities

Miry Creek No. 229 - Mr. D. Baar,
Abbey

Clintworth No. 230 - Mrs. S. Watson,
Abbey

Happyland No. 231 - Mr. J. J. Kurtz,
Mendham

Deer Forks No. 232 - Mr. R. Ehnisz
Burstall

MAPLE CREEK DISTRICT

Towns

Gull Lake - Mr. E. Douglas,
Gull Lake

Maple Creek - Mrs. S. Mordasiewicz,
Maple Creek

Villages

Carmichael - Mr. H. Haney,
Gull Lake

Golden Prairie - Mr. L. Oddan,
Golden Prairie

Piapot - Mr. R. Mudryk,
Piapot

Tompkins - Mr. J. Kimber,
Tompkins

Rural Municipalities

Carmichael No. 109 - Mrs. J. Murray
Tompkins

Piapot No. 110 - Mr. B. Wolfater,
Tompkins

Maple Creek No. 11 - Mr. J. Schock,
Maple Creek

Gull Lake No. 139 - Mrs. C. Springer,
Gull Lake

Big Stick No. 141 - Mr. A. Lockhart,
Maple Creek

SHAUNAVON DISTRICT

Towns

Eastend - Mr. C. Thompson,
Eastend

Shaunavon - Mr. J. Greenslade,
Shaunavon

Villages

Admiral - Mr. I. Spetz,
Admiral

Bracken - Mr. G. Shuttleworth,
Bracken

Climax - Mr. K. Mything,
Climax

Consul - Mr. W. Manley,
Consul

Dollard - Mr. R. Goulet,
Dollard

Frontier - Mr. D. Stengler
Frontier

Robsart - Mr. E. Syverson,
Robsart

Val Marie - Ms. L. Carlier,
Val Marie

Rural Municipalities

Val Marie No. 17 - Ms. D. Kornfeld,
Val Marie

Lone Tree No. 18 - Mr. B. Brown,
Climax

Frontier No. 19 - Mr. E. Nelson,
Frontier

Glen McPherson No. 46 - Ms. H. Henderson,
Ponteix

White Valley No. 49 - Mr. D. Girard,
Eastend

Rural Municipalities

Reno No. 51 - Mr. W. Manley,
Consul

Grassy Creek No. 78 - Mr. L. Meloche,
Shaunavon

Arlington No. 79 - Mr. R. Thienes,
Tompkins

Bone Creek No. 108 - Mr. B. Meinert,
Shaunavon

SWIFT CURRENT DISTRICT

City

Swift Current - Mr. M. Hinds,
Swift Current

Towns

Ponteix - Mr. D. Boisjoli,
Ponteix

Villages

Aneroid - Mr. J. McMillan,
Aneroid

Cadillac - Mrs. V. Kendall,
Cadillac

Neville - Mr. I. Dyck,
Neville

Pennant - Mr. G. Rose,
Pennant

Rush Lake -

Stewart Valley - Mr. W. Kreuger,
Stewart Valley

Success - Mr. M. Robertson,
Success

Vanguard - Mr. R. Kehoe,
Vanguard

Waldeck - Mrs. K. Lang
Waldeck

Webb - Mr. R. Iles,
Webb

Rural Municipalities

Auvergne No. 76 - Mr. B. Raymond,
Aneroid

Wise Creek No. 77 - Mr. K. Kendall,
Cadillac

Glen Bain No. 105 - Mr. J. Scheller,
Vanguard

Whiska Creek No. 106 - Mr. J. Holenski,
Vanguard

Rural Municipalities

Lac Pelletier No. 107 - Mr. H. Hildebrandt
Blumenhof

Coulee No. 136 - Mr. V. Wilson,
Swift Current

Swift Current No. 137 - Mr. G. Bulin,
Swift Current

Webb No. 138 - Mr. R. Iles,
Webb

Excelsior No. 166 - Mr. D. Meyer,
Rush Lake

Sask. Landing No. 167 - Mr. J. Barber,
Stewart Valley

Riverside No. 168 - Ms. S. Williams,
Pennant

ANNUAL REPORT, REGIONAL EXECUTIVE DIRECTOR, 1984-85

The fiscal year of 1984-85 has been one of change, growth and development.

The change is visible in the areas of resource allocations. With our recent economic recession we have rationalized resources while still ensuring provision of our mandated services to the public. There has been restrictions on the budget and I am pleased to report that our region controlled its finances in a responsible manner.

The growth and development is evident as the Swift Current Health Region enters a second year with the concept of one administration for both Community Health and Psychiatric Services Branches. This unique administrative structure has demonstrated that services between Community Health and Psychiatric Services branches do have areas of commonality, that when organized, have a positive impact on consumer relations and services.

Growth and development is also evident within the Psychiatric Services Branch in Swift Current. The policy and procedure manual, committee system, philosophy and goals are now in place. All staff are working very hard for psychiatric accreditation. A Quality Assurance Committee is in operation. There is a new outpatient clinical record system in place. This year our Region won the Executive Director's Award which honoured our Community Liaison Program.

Within the Community Health Services Branch there has been an evaluation and streamlining of administrative procedures. The new core program will assist all staff with a well-defined mandate and contribute to consistency in consumer services. The committee system has been enhanced with the addition of an Early Childhood Committee. The new chiropody program is now in full operation. The waiting list for the Saskatchewan Hearing Aid Plan has been appreciably reduced.

There has been an initiation of a Region Early Childhood Co-ordinating Committee between Psychiatric Services, Community Health Services, Social Services and Education. This committee is reponsible to ensure that children receive the required services.

In closing, I would like to thank the staff of Community Health Services and Psychiatric Services for such a productive year. I would like to thank central office staff for their support and guidance. Also it has been a pleasure working with the Regional Board and I am looking forward to a good year for 1985-86.

Respectfully submitted.

Lee K. Spencer

MEDICAL HEALTH OFFICER'S ANNUAL REPORT, 1984-85

During the year I have attempted to serve this Region through almost weekly visits as well as numerous telephone consultations. Although I attempt to visit these districts periodically, these visits are less frequently scheduled, but occur for special needs. I maintain communication with hospitals and physicians through personal visits, telephone, and periodic circular letters.

During the year, the report of the Ad Hoc Committee for Boards of Health of which I was a member, was forwarded, together with recommendations have been accepted including the preparation of an information and procedure manual for Boards. This manual is presently in draft form.

The accompanying tables show that communicable disease reporting activity continues to be low, compared with earlier years. Partly this reflects control through vaccine and other measures, including personal hygiene and good food and environmental control. With infrequency of occurrence of disease, however, we observe careless tendencies such as a growing popularity of uncontrolled food products and neglect of long-established personal precautions.

Rabies continues at a high level in animal populations. Specimens submitted to laboratory were positive in 27 instances including 23 skunks, 2 cats, and 2 cattle. Each year several people usually unnecessarily, become exposed and require preventive injections. These now consist of one dose of rabies immune Globulin, and five doses of Human Dipliod Cell Vaccine. These products being of human origin are generally safer than previous products. Because of cost, however, (up to $500.00/person) we emphasize avoidance of exposure to all wild animals, and to sick pets or domestic animals.

Of the vaccine preventable diseases, only pertussis was reported, with 3 suspected cases. Gonorrhea appeared in ' cases, somewhat more than previous years, but likely due to more complete reporting. Tuberculosis still appears occasionally, ie., two cases.

During the year, the public media unwisely released a program discouraging the use of whooping cough vaccine. Whooping cough is a serious disease in children and in unprotected populations causes considerable death and frequent complications. The rare instance of serious complications following vaccine is miniscule when compared with the disease. Fortunately, with reassurance by staff, acceptance rates for vaccine remain high.

Hepatits B vaccine has been offered to high risk groups in hospitals with varying results. Occasional cases occur in the region.

In vital events registration total birth are down slightly at 675, compared to 717 in 1983. Similarly total deaths are 417 up from 405 in 1983. These are not major trends. Causes of death show minor variation, and one dominated by heart and artery diseases, along with cancer, as in the province as a whole.

Respectfully submitted,

Dr. J. N. Burkholder

PUBLIC HEALTH NURSING REPORT

April 1984 - March 1985

Throughout the past the Public Health Nurses of this Region have continued to deliver to their communities, a high quality of services. Public Health Nurses truly believe in the objectives of promoting:

1. health maintenance and preservation.
2. illness prevention.
3. supportive care of the chronically ill.

They serve as a vital link in the continum of care with particular emphasis on maintaining wellness through personal commitment.

STAFF CHANGES

LEADER DISTRICT OFFICE -

No changes.

MAPLE CREEK DISTRICT OFFICE -

Mrs. Corinne Arnold, BScN, resigned effective May 1, 1984 from her temporary position.

Mrs. Della Stumborg, BScN, returned to that office until June 1, 1984.

Mrs. Kathy Scherger (nee Nybo) BScN, transferred from the Shaunavon Office to the Maple Creek Office effective June 1, 1984.

Mrs. Mary Rotnem, clerical assistant, parttime, retired March, 1985. We appreciated her contribution to the Public Health Nurses in this office and we wish her well in her retirement.

SHAUNAVON OFFICE -

Miss Marlette Lucas, Diploma in Public Health, was married in December, 1984 and is now Mrs. Marlette Lucas- Simpson.

Miss Kathy Nybo, BScN, transferred from the Shaunavon Office effective June 1, 1984.

Mrs. Della Stumborg, BScN, transferred to Shaunavon from the Maple Creek Office effective June 1, 1984.

Mrs. Bev Goulet, began employment effective April 1984 as parttime clerical assistant to the Public Health Nursing staff.

SWIFT CURRENT OFFICE -

Mrs. Joan Whiteside, BScN, returned from educational leave effective May 1, 1984. Mrs. Della Stumborg, BScN, then transferred back to the Maple Creek Office.

Miss Ruby Wotherspoon, BScN, who was the Public Health Nurse II - Assistant Supervisor, retired effective September 30, 1984. She has made a valuable contribution to Public Health Nursing and we wish her well on the occasion of her retirement. Her position remained vacant until March 31, 1985.

One Public Health Nurse I position from our staff complement has been reallocated to another Health Region effective April 1, 1985. This leaves our Region with eleven Public Health Nurse I positions. This has necessitated the reorganization of nursing districts and redistribution of nursing activities. This position was taken from the Swift Current Office complement of Public Health Nurses. This change has resulted in the reduction of well adult health

conferences being cut by 50%. Fewer home visits to all segments of the population will now also be made by Public Health Nurses because of time constraints.

Public Health Nursing home visits decreased during the past year, partially due to vacant positions A total of 149093 Kms were travelled by Public Health Nurses as they provided services to their communities. This can further be translatted in that each Public Health Nurse spends about 15 or more days per year driving to carry out the nursing program.

The total attendance at expectant parent classes declined slightly. During the year discussions were held with staff from Social Services to formulate classes for pregnant adolescents. After review of the statistics it was found that there were insufficient numbers of adolescents to make such classes feasible. The physicians in the Region were contacted by letter and were encouraged to refer these girls to us for one-to-one contact by Public Health Nurses.

A review of the class content and exercise programs was done in July. Changes were made, and reference material was updated.

POSTNATAL AND INFANT SERVICES

Fewer home visits are being made to postnatal mothers. Families are encouraged to come to Child Health Conference within the first month after the baby is born. These mothers are also visisted by a Public Health Nurse on the obstetrical ward prior to discharge from hospital.

PRESCHOOL SERVICES

Happy Birthday Clinics were commenced in the Shaunavon district during this year. These clinics continue to provide an excellent opportunity for Public Health Nurses to assess the growth and development of the preschool child and discuss any concerns the parents may have.

Two Child Health Conferences were closed in May 1984 at Stewart Valley and Rush Lake. Both clinics had low utilization and other arrangements were made to provide services to these families.

SCHOOL HEALTH SERVICES

The Public Health Nurse was involved in the community and parents group which worked with the school staff to pilot a new school health cirriculum.

The Comprehensive High School had a two day blitz for immunization of the Grade 10 students. At the same time a lifestyles questionnaire was given to the students. The results of this questionnaire provided the basis for discussion groups with the students throughout the school year.

The Provincial Scoliosis Screening Program was discontinued in March of 1985.

Sporadic outbreaks of pediculosis occurred in several schools in our Region during the fall of 1984.

Our statistics for this year indicate an increase in the service given to the school age population. More students were seen by Public Health Nurses and more contacts were made to parents of school children. This

may appear to indicate an increasing need for service to this age group.

OTHER ACTIVITIES

Several Public Health Nurses have been active in assisting with and participating in the development of District Co-ordinating Committees. The concept of such committees provides individuals in the community with one entry point in the long-term care system. Such entry also considers the needs of the individual at that time as the basic admission criteria for receiving the appropriate care.

The Public Health Nurse II participates in the Assessment Committee of the Early Childhood Intervention Program.

As Regional Nursing Supervisor I have appreciated the visits of the Nursing Consultant, Dorothy Martens, to the Region. These visits provided opportunity to discuss various areas of concern and receive assistance and guidance dealing with nursing activities and service.

Seven nursing students and one faculty advisor from the College of Nursing at the University of Saskatchewan, spent four weeks in our Region in April 1984.

Public Health Nurses were again involved in various educational programs for community groups. A variety of health related topics were included in these presentations.

I want to acknowledge the co-operation and support of all other staff disciplines within our Region. A special appreciation goes to our clerical staff who do so much in the day to day operation of our Region. Thank you to the Public Health Nurses who strive daily for Health Promotion and Health Preservation.

I am pleased to submit this report.

Dolores Ast
Regional Nursing Supervisor

PUBLIC HEALTH INSPECTION

The 1984 fiscal year was an interesting one to say the least. Staffing has been a topic of serious discussion amongst our staff as well as the other disciplines in the Health Department.

As you are aware, the Department of Environment took over responsibility for four program areas formerly looked after by this Department. The four areas are Municipal Water Systems, Municipal Sewage, Solid Waste Disposal and Septage Transport. This accounted for approximately six per cent of this region's workload and about four person years in the whole Department. As a result the Department had to give up four positions and the Swift Current Health Region was told to provide one of these. Thankfully, the position was donated through retirement.

Mr. W. Cave of Shaunavon and Mr. F. Peters, Senior Public Health Inspector retired on September 30, 1984. Wilmer's position was not refilled. Senior Inspector duties are covered by Mr. L. Wright who is headquartered in Moose Jaw and spends approximately 40% of his time here.

We have redistributed work from the Shaunavon district to the remaining Inspectors which meant an increase of approximately 30% in workloads. As a result, we are not able to spend as much time in each community nor attend to our work as we would like to.

Mr. J. Paquette left the Department on October 15, 1985. He was replaced on a temporary basis by Mr. M. Macleod, who is presently stationed in Maple Creek. When the temporary position is converted to permanent the headquarters will shift to Shaunavon which will again involve a change in districts.

When all of the staff shuffling is finished we propose to have three districts. District #1 will be headquartered in Swift Current covering seven RM's (105, 106, 107, 136, 137, 138 and 139) and 122 facilities in Swift Current for a total of 208 facilities. District #2 will be headquartered in Swift Current and comprise ten RM's (142, 166, 167, 168, 169, 171, 229, 230, 231 and 232) and 95 facilities in Swift Current for a total of 275 facilities. District #2 will be headquartered in Shaunavon and will be made up of 16 RM's (17, 18, 19, 45, 46, 49, 51, 76, 77, 78, 79, 108, 109, 110, 111 and 141) for a total of 268 facilities. These districts are outlined on the attached map of the Health Region.

We hope these changes will prevent some of the extra driving we have been doing which will allow us to spend extra time inspecting. In addition, we feel that the districts will more closely resemble the local trading patterns which will help us provide a more efficient service.

Rabies continues to be a problem with serious implications. In one instance eight people were in contact with a rabid cow and had to receive vaccine. In addition, other people were in close enough contact with known rabid animals to require vaccination against the disease. A person should always use caution around wild animals and also when handling domestic animals (dogs, cats, cattle, etc.) that are acting strangely as the possibility of rabies is always present.

We held eight food handler courses in this region last year. A total of 132 people attended the courses

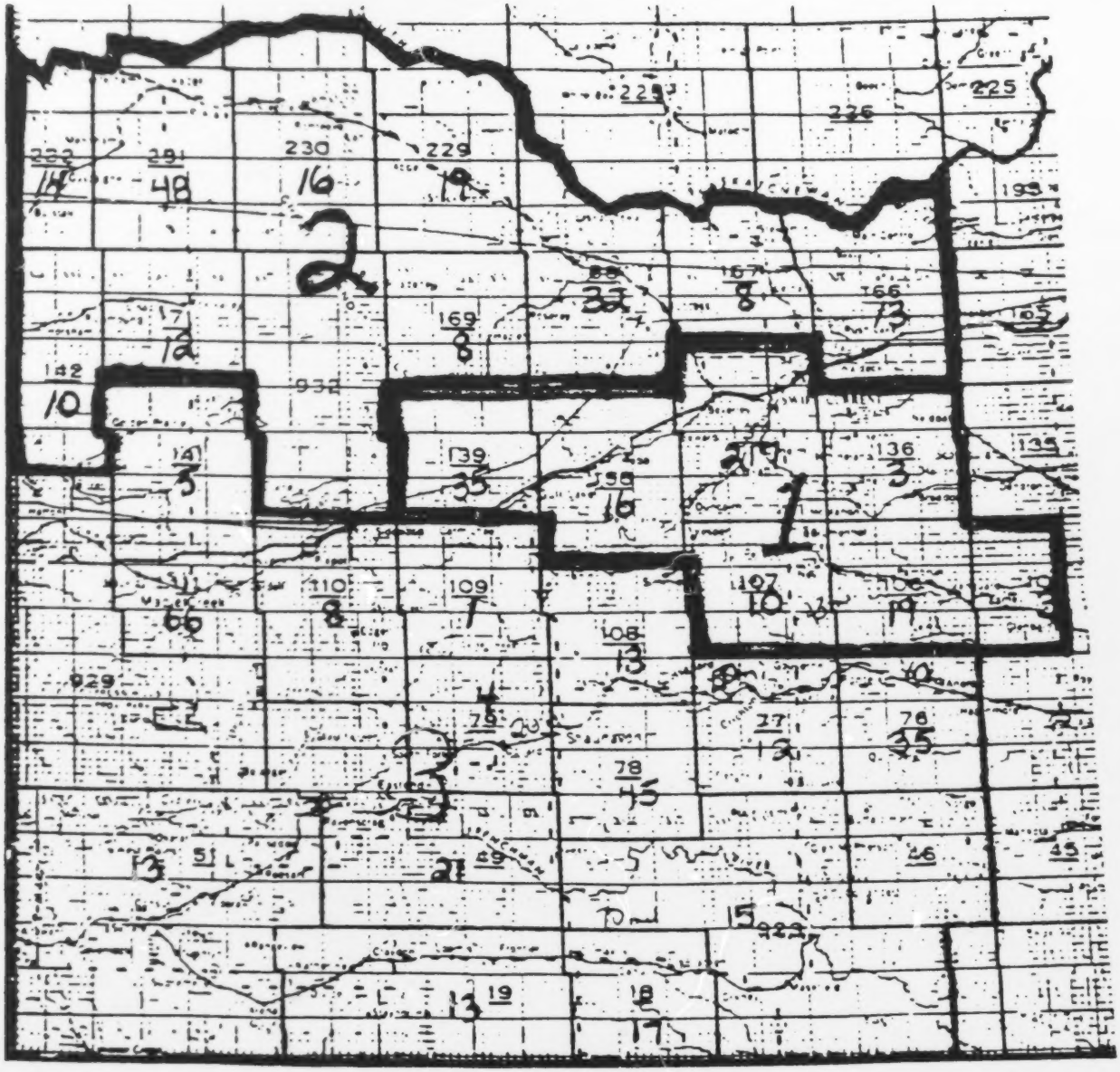
and were well pleased with the material presented. This represents a three fold increase in attendance which we are quite pleased with - we hope this rate of attendance persists. Again we noted that institutions (hospitals, nursing homes, etc.) accounted for the largest share of participants. The Home Care Districts in the region also showed great interest in the courses and had good representation among the 132 people. We continue to be disappointed in the turn out from restaurants and are not sure how we can improve the situation.

Our pool operators course was held in June, 1984, in Swift Current. A total of 22 people successfully completed the course. The course is designed to provide a basic background for pool operators. Topics covered include filtration, chlorination, construction, safety, record keeping, water testing, water chemistry, etc. It is an excellent starter course and a good refresher for operators.

A statistical summary is included at the end of this report.

Respectfully submitted,

J. Bower
Public Health Inspector II



No. 1 Swift Current

PROPOSED PUBLIC HEALTH INSPECTOR DISTRICTS

POSITION	PHI II	PHI I	PHI I
HEADQUARTERS	SWIFT CURRENT	SWIFT CURRENT	SHAUNAVON
DISTRICT	1	2	3
TOTAL FACILITIES	208	275	268

SPEECH-LANGUAGE PATHLOGIST ANNUAL REPORT, 1984-85

Highlights in Speech-Language Pathologist services during the past year included regular meetings with the Language Resource Teacher, Mr. R. Beattie, from the Southwest Shared Service Project. These meetings involved case conferencing school children which were seen by Community Health Services Branch, Speech-Language Pathologist and potential referrals to Community Health Services Branch. These meetings have been very beneficial in maintaining continuity in providing services to school age children.

The Leader area lost the services of the Community Health Services Branch Speech-Language Pathologist from Kindersley in August, 1984. Since then that caseload has been receiving minimal service because of Ms. Sorenson's resignation. Some children from the Leader area have been seen in Swift Current which does not seem to have caused significant problems for parents.

In November, the Early Childhood Psychologist and I were invited once again by the Life Start Group in Frontier, to speak to parents and interested persons. In Swift Current city we have also presented to several prenatal up-date classes which have been well attended.

Play school screening was also done at the Swift Current Co-operative Play School in February, 1985. This was the second year we have been requested to screen the children. The screening is followed by a meeting of all parents whose children attend play school in order to explain what the Speech-Language Pathologist does and to answer questions parents may have regarding speech and language development or problems.

The regular bi-weekly clinics in Shaunavon and Maple Creek have continued throughout the year. Although most people attending are compliant there still exists a small percentage of parents who do not keep appointments. In these cases, they are placed on a lesser priority list.

On the whole, 1984-85 has been a busy year with a vast increase in new referrals and need for intervention.

I would like to thank the rest of the staff in the Swift Current Health Region for their ongoing support and co-operation and look forward to another productive year.

Respectfully submitted,

Maria Tuchscherer, M.S.
Speech-Language Pathologist

EARLY CHILDHOOD PSYCHOLOGIST

The Early Childhood Psychologist is based in Moose Jaw and shares his services with this Health Region. During the year 1984-85 the amount of time denoted to this Region was 30%. This represented a 50% increase in the time from the preceding year.

During the past year the Early Childhood Psychologists throughout the province spent a great deal of time and effort in the preparation of a report to the Branch justifying the need for one Early Childhood Psychologist per Health Region. With the present budget, two new Early Childhood Psychology positions have been added bringing the provincial total to eight. Fortunately, one of the new positions has been allocated to the Swift Current Health Region. This addition should now allow for a full complement of early childhood services for the area.

In addition to the casework, which forms the core of the program, the Early Childhood Psychologist has been involved in the following:

1. Health Region representative on Admissions and Review Committee, Swift Current and District Early Childhood Intervention Program.

2. Health Region representative on Regional Early Childhood Co-ordinating Committee.

3. Member of Early Childhood Committee.

4. Presentations to Update prenatal classes.

5. Presentations to parent groups.

The three years spent in this Region have been enjoyable years. I have enjoyed the contacts and regret the leaving. I am pleased, though, that this Region will finally have its own full-time Early Childhood Psychologist.

CHIROPODY PROGRAM ANNUAL REPORT, 1984-85

Annual Report, July 16 - March 31, 1985

Staff:

Chiropodist - Dr. T. M. Wharton	Commenced July 16, 1984
Chiropody Assistant - Mrs. C. Sartison	Commenced August 27, 1984

Introduction

The Chiropody Program was officially initiated within the province on February 1, 1984, when the Honourable Graham Taylor announced that there would be 10 clinics set up, one within each Health Region, staffed by a Chiropodist and a Chiropody Assistant.

Any person who has foot problems and who may benefit from the services of a Chiropodist, may receive such services upon referral from a Physician, Public Health Nurse, or a Home Care Nursing Co-ordinator.

Any resident of Saskatchewan who has a valid health services card will be able to receive these professional services at no charge. Where orthotics or special footwear will be required, these will be the individuals responsibility.

The practice of Chiropody deals with the diagnosis and treatment of diseases, injuries, and defects of the human foot by medical, mechanical and minor surgical means. This included the physical examination of the lower extremeties alone and in relation to the rest of the body. Foot diseases are treated in many ways including, physical therapy, minor surgery and the application of medication.

Scope of practice involves treatment of callosities, corns, pressure beratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, structural and mechanical problems and injuries to the foot.

Services in the Swift Current Region

The main office is on the fourth floor of the E. I. Wood Building and the majority of patients are seen at that location. The office accommodation inclu two operatories, a work room and office and waiting room.

There are also two satellite clinics within the region, one at Maple Creek and the other in Shaunavon. The details are as follows:

Maple Creek:	Community Health Services Office Hwy. #1 3rd Monday and following Tuesday of each month.
Shaunavon	Community Health Services Office 55 - 3rd Ave. E. 1st Wednesday and followin Thursday of each month.

By appointment only. The dates may be subject to change.

These satellite clinics are not as well equipped and some patients may have to travel to the Swift Current Clinic to benefit from the full range of services.

The Chiropody Program contains an elemen of health education and the Chiropodist is available to talk to interested groups.

So far the Chiropodist has given 21 presentations and workshops, to a total of 413 people.

I am pleased with the way in which the Chiropody Program has been accepted by the health care workers of this region and I look forward to a continuation of the good working relationship.

I would like to thank all the staff of the Community Health Services Office for the support and hard work in the effective delivery of the Chiropody Program, especially my assistant, Mrs. Cathy Sartison.

Respectfully submitted,

Dr. T. M. Wharton,
Chiropodist

PERSONNEL

Swift Current
Regional Office
350 Cheadle Street West
773-8301

Dr. J. N. Burkholder
Medical Health Officer

Mr. Lee Spencer
Regional Executive Director

Mrs. Dolores Ast
Regional Nursing Supervisor

Miss Ruby Wotherspoon
Public Health Nurse II (Retired)

Mr. Frank Peters
Senior Public Health Inspector
(Retired)

Mr. Laurie Wright
Senior Public Health Inspector

Mr. John Bower
Public Health Inspector II

Ms. Maria Tuchscherer
Speech-Language Pathologist

Ms. Karen Cooper
Nutritionist

Dr. Raymond Hertzog
Early Childhood Psychologist

Dr. Terence Wharton
Chiropodist

Mrs. Janette Pound
Senior Clerk Stenographer

Public Health Nurses

Ms. Hazel Padfield
Mrs. Laurie Pilkey
Ms. Lorna Russell
Ms. June Schmidt
Ms. Deborah Schroeder
Mrs. Bonnie Shaw
Mrs. Della Stumborg
Mrs. Joan Whiteside

Chiropody Assistant

Mrs. Cathy Sartison

Public Health Inspectors

Mrs. Robin Galbraith
Mr. Wayne Button,
Public Health Inspector Trainee

Clerical

Miss Karleen Bellefeuille
Mrs. Brenda Bergstrom
Mrs. Sally Wiens

Leader District Office
423 Main East, Leader
628-3701

Public Health Nurse

Mrs. Jeannine Schmaltz

Clerical

Mrs. Joan Nixon (Part-time)

Maple Creek District Office
Highway 21 South
Maple Creek
662-2687

Public Health Nurses

Mrs. Corinne Arnold
Mrs. Kathy Scherger (nee Nybo)
Mrs. Della Stumborg
Mrs. Mary Wiseman

Public Health Inspectors

Mr. Martin McLeod
Mr. John Paquette (Resigned)

Clerical

Mrs. Mary Rotnem (Part-time)
(Retired)

PERSONNEL continued

Shaunavon District Office
45 - 3rd Avenue East
Shaunavon
297-2731

Public Health Nurses

Mrs. Marlette Lucas-Simpson
(nee Lucas)
Mrs. Kathy Scherger (nee Nybo)
Mrs. Della Stumborg

Public Health Inspector

Mr. Wilmer Cave (Retired)

Clerical

Mrs. Beverly Goulet (Part-time)

MEDIA - THANKS and APPRECIATION

Newspapers

The Southwest Booster
Gull Lake Advance
Leader Weekly News
Maple Creek News
Shaunavon Standard
Swift Current Sun

Radio Stations

CJSN - Shaunavon
CKSW - Swift Current
CJGL-FM - Swift Current

Television Stations

CJFB - Swift Current

SPECIAL THANKS

To clerical personnel who provide the support service of our staff. Thanks to all volunteers who helped in any way to carry out our Health Programs.

Table I PUBLIC HEALTH NURSING STATISTICS

April 1, 1984 - March 31, 1985

PUBLIC HEALTH NURSING	1984-85	1983-84
Total number home visits	2268	2354
Number of Child Health Conference Locations	28	30
Number of Child Health Conferences Held (1 conference = 1/2 day)	1060	1032
Total Kms travelled by Public Health Nurses	149093	147656
PRENATAL SERVICES		
Home visits	68	84
Other contacts	209	219
Expectant Parent Classes:		
Number of Classes Held	146	191
Total Attendance	2261	2968
Total Mother Attended	1177	1606
Total Fathers Attended	1084	1362
POSTNATAL SERVICES		
Home Visits	372	469
Other Interviews (i.e. hospital)	829	956
INFANT SERVICES		
Child Health Conference Attendance	2691	2908
Home Visits and Other Contacts/Interviews	905	928
PRESCHOOL SERVICES		
Child Health Conference Attendance	3314	3056
Home Visits or Other Contacts	546	329

	1984-85	1983-84
SCHOOL HEALTH SERVICES		
Total School Enrollment	9422	9262
Students Seen	8570	6383
Teacher-Nurse Conference (Re students and program)	1408	1288
Students discussed with parent	1610	1111
Other contacts with Students	103	67
IMMUNIZATION		
Infant (0-12 Months)		
Total Immunization Given	4105	4192
DPT 3rd Dose	632	616
OPV 3rd Dose	657	635
Preschool (1st-7th Birthday)		
Total Immunization Given	3763	3456
DPT Recalls	1305	1177
OPV Recalls	1402	1241
Measles, Mumps, Rubella	713	674
School (7th Birthday - School Leaving)		
Total Immunization Given	2038	1623
TD Recalls	786	616
OPV Recalls	857	658
Rubella	70	76
Mumps	2	
Measles, Mumps, Rubella	246	

DPT - Diphtheria, Pertussis Tetanus

TD - Tetanus, Diphtheria

OPV, Oral Polio Vaccine

	1984-85	1983-84
ADULT SERVICES		
Home visits and contacts over 65 years	854	986
Home visits and contacts-other adults	799	850
Total Well Adult Health Conferences held (1 conference = 1/2 day)	135	132
Total attendance Well Adult Health Conferences	1280	1271
Total Immunization Given	309	248
OTHER SERVICES		
Communicable Disease - home visits or other contacts	244	130
Home visits to physically handicapped and mentally ill	132	109
Total official visits (physician, hospital personnel, social worker etc.)	1562	1131
Referrals (to physician, dentists, early childhood psychologist, speech pathologist, chiropodist, home care, social workers etc.)	1409	949
Total number of group education meeting in which the public health nurse participated)	99	75

Table 2 PUBLIC HEALTH INSPECTION STATISTICS

	# of Facilities	# of Inspections and Visits	% of Time Spent[1]
Public Eating Establishments	194	565	10
Food Distribution	81	106	1
Food Processing	37	39	1
Liquor Outlets	48	69	1.4
Municipal Water Systems[2]	37	48	2
Private Water Supply	-	14	1.1
Public Water Supply	51	40	1
Municipal Sewage Disposal[2]	37	43	1
Private Sewage Disposal	-	10	.7
Solid Waste Disposal[2]	69	120	2
Liquid Waste Disposal[2]	3	3	.1
Hospitals	11	3	.3
Schools	80	7	.5
Institutions	37	38	1
Housing	-	42	1
Mobile Home Courts	5	7	.5
Trailer Courts	12	20	.5
Hotels	35	60	1
Motels	28	37	1
Industrial Facilities	-	14	.8
Swimming Pools	33	123	3
Agricultural Facilities	-	8	.5
Personal Service Facilities	62	65	1
Recreational Facilities	63	137	3
Public Facilities	3	9	.2
Plumbing	-	402	6
Investigation	-	78	3.2
General Services[3]			24.2
Office[4]			25

1) Based on hours spent on inspecting and consultation
2) Transferred to Department of Environment - Fall of 1984.
3) Includes travel, meetings, surveys, training courses (food school, pool courses, etc.)
4) Includes staff meetings, staff development, general administration, etc.

Table 3 EARLY CHILDHOOD PSYCHOLOGIST'S STATISTICS

Type of Work	
Casework	45.3%
Primary Prevention	8.7%
Consultation	8.5%
Community Development	5.8%
Travel	23.0%
Administration	9.3%

Details of Casework

Type of Problem	Average Age
Developmental	3.8
Behavioral	6.1
Multiple	4.1
Total	4.3

Number of Visits

Regional Office	62
District Office	7
Other	2
Total	71

Source of Referral of New Cases

Public Health Nurse	11
Speech/Language Pathologist	10
Parent(s)	8
Other	5
Total	34
Consultation re Children not formally referred or seen	115

Details of Primary Prevention

Number of Sessions	7
Number of Participants	64

Chiropody Program, August 10, 1984 - March 31, 1985

Table 4

SOURCE OF REFERRALS	Cat.1	2	3	4	total	%
PHYSICIAN	28	5	50	71	154	28
PUBLIC HEALTH NURSE	68	21	105	116	310	56.4
HOME CARE CO-ORDINATOR	29	9	34	11	83	15.1
CHIROPODISTS	_	_	1	1	3	.5
% of patient load in each catagory	22.7	6.4	34.5	36.7		

Health Region #1

Patient Visits	Cat. 1	2	3	4	total	%
New	125	35	190	200	550	41.3
Return	160	86	217	319	782	58.7
Total	285	121	407	519	1332	
%	21.4	9.1	30.6	38.9		

Swift Current Office

Patient Visits	Cat. 1	2	3	4	total	%
New	90	30	156	173	449	38.8
Return	132	83	194	299	708	61.2
Total	222	113	350	472	1157	
%	19.2	9.8	30.3	40.8		

Maple Creek

Patient Visits	1	2	3	4	total	%
New	19	-	12	9	40	54.8
Return	18	1	7	7	33	45.2
Total	37	1	19	16	73	
%	50.7	1.4	26	21.9		

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New	16	5	22	18	61	59.8
Return	10	2	16	13	41	40.2
Total	26	7	38	31	102	
%	25.5	6.9	37.3	30.4		

Appendix

Catagory

1) Medically at risk elderley
2) Medically at risk general population
3) Well elderley
4) General population not medically at risks

Medically at Risk is defined as all acute and septic conditions related to the feet, as well as patients with relevant systemic medical problems, such as diabetes arteriosclerosis, etc., which would impede mobility if chiropody services were not provided.

The Elderley are those people 65 years of age and older.

Vital Statistics

Table 5

	1984	1983	1982
*Population	49,208	48,681	48,484
Births	675	717	700
Birth Rate	13.7	14.7	14.4
Infant Deaths - 0-12 months	6	3	8
- under 28 days	3	0	5
- stillbirths	0	2	1
Infant Mortality Rate	8.89	4.18	11.43
Neonatal Mortality Rate		0	7.14
Perinatal Mortality Rate	4.44	2.78	7.14
Total Deaths	417	405	420
Crude Death Rate	8.5	8.3	8.7

Notifications of Communicable Disease

	(Number of Cases Reported)		
	1984-85	1983-84	1982-83
Chickenpox	279	8	57
Gastro-Enteritis	2	0	
Giardiasis	47	0	
Haemolytic Streptococci	1	0	
Hepatitis A.	2	1	
Hepatitis B	1	1	
Measles.	2	0	
Mononucleosis.	3	0	
Meningitis Bacterial	2	3	
Para Pertussis	2	0	
Paratyphoid.	1	0	
Pediculosis.	92	6	
Pertussis	2	0	
Ringworm - Scalp	2	3	
Salmonellosis.	10	4	
Scabies.	3	2	
Scarlet Fever.	1	0	
Sexually Transmitted Diseases cases ..	10 (Syphilis - 1 Gonorrhea-9)		
Tuberculosis	2		

Causes of Death

Table 7

	1984			1983			1982		
	Total	M	F	Total	M	F	Total	M	F
All Causes	417	242	175	405	242	163	420	230	191
Diseases of Circulatory System	203	110	93	199	98	101	199	106	93
Cancer	77	47	30	83	54	29	77	42	35
Disease of Respiratory System	50	33	17	38	24	14	49	33	16
Accidents	17	13	4	23	20	3	23	17	6
Certain Causes of Perinatal Mortality	3	1	2	-	-	-	3	0	3
Diseases of Digestive System	22	16	6	17	13	4	20	7	13
Endocrine-Nutritional	6	2	4	15	10	5	16	9	7
Diseases of Genito-urinary System	10	7	3	7	6	1	8	1	7
Diseases of Central Nervous System	7	2	5	8	7	1	6	2	4
Blood Disease	3	2	1	1	0	1	1	1	0
Congenital Anomalies	4	3	1	1	1	0	4	2	2
Suicide	7	3	4	6	6	0	8	5	3
Homicide and C her Violence	2	1	1	1	1	0	3	2	1
All Others	6	2	4	6	2	4	3	2	1